



Medicare Summary Notice

June 15, 1998

BENEFICIARY NAME
STREET ADDRESS
CITY, STATE ZIP CODE

CUSTOMER SERVICE INFORMATION

Your Medicare Number: 111-11-1111A

If you have questions, write or call:

Medicare
555 Medicare Blvd.
Suite 200
Medicare Building
Medicare, US XXXXX-XXXX

Local: (XXX) XXX-XXXX

Toll-free: 1-800-XXX-XXXX

TTY for Hearing Impaired: 1-800-XXX-XXXX

HELP STOP FRAUD: Do not sell or give away your Medicare Summary Notice.

This is a summary of claims processed on 06/15/1998.

PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS

Dates of Service	Services Provided	Amount Charged	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Claim number 12435-84956-84556-45621						
Medicare Hospital, 1234 Lane, Dallas, TX 75209						a
Referred by: John Pain, M.D.						
05/15/98	I.V. Therapy (Q0081)	\$132.00	\$0.00	\$26.60	\$0.00	
	Supplies	82.00	0.00	16.40	0.00	
	Operating Rm (31628)	786.50	0.00	157.30	0.00	
	Observation Rm (99201)	293.00	0.00	58.60	8.60	
Claim Total		\$1,294.50	\$0.00	\$258.90	\$8.60	

Notes Section:

a Your responsibility on this claim has been reduced by the amount paid by your primary insurer.

General Information:

If you were offered free items or services but Medicare was billed, please call your local Customer Service at (XXX) XXX-XXXX.

THIS IS NOT A BILL - Keep this notice for your records.

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Appeals Information - Part B (Outpatient)

If you disagree with any claims decision on this notice, you can request an appeal by December 15, 1998.
Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the address in the "Customer Service Information" box on Page 1.
- 3) Sign here _____ Phone number () _____